

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000115979

1. Entity Name

BOB PHILLIPS TRENCHING & BORING, INC.



Principal Place of Business

**9900 NE 20TH TERRACE ROAD
ANTHONY FL 32617
US**

Mailing Address

**9900 NE 20TH TERRACE ROAD
ANTHONY FL 32617
US**



1st MOORE

CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0094776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, ROBERT E
9900 NE 20TH TERRACE ROAD
ANTHONY FL 32617**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and agree, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Delete
NAME	PHILLIPS, ROBERT E	
STREET ADDRESS	9900 NE 20TH TERRACE ROAD	
CITY-ST-ZIP	ANTHONY, FL 32617	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	PHILLIPS, WANDA	
STREET ADDRESS	9900 NE 20TH TERRACE ROAD	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHILLIPS, JEFFREY	
STREET ADDRESS	9900 NE 20TH TERRACE ROAD	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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04/22/06-80102-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert E. Phillips* Robert Phillips 4-6-06 (352)351-0302